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Insured by Continental Casualty Company

General Insurance Application For Consulting Geoscientists

Insured Name:

Address:

Mailing Address, if different from above:

Applicant is: Corporation Partnership Individual

Website Address:

Name of Contact Person:

Phone No:

Years established in business:

Effective Date of Coverage:

Name of present Insurer:

Has an Insurer ever rejected or cancelled any insurance? No Yes, provide details

Coverage Requested

CGL	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	
Crime	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	
Property	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	
Field Equipment	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Additional Application Required

Gross Annual Professional Fees (broken down by country)

- Canada
- USA
- Foreign

No. of Employees :

No. of Professionals
No. of Technicians

List any and all losses over past five (5) years (Coverage, Date, Amount, Description)

Do you own or control any subsidiary or affiliated companies other than the one listed above? If yes, please provide name of company, relationship and nature of business operations:

Commercial General Liability Insurance

Limit of Liability Requested

\$1,000,000
\$2,000,000
\$5,000,000

Please list your last five (5) Clients / Contracts and Description of Work

Do you engage in actual drilling, mining or construction? If so please provide details below.

Do you conduct any blasting surveys in your consulting work? If yes please provide details.

Do you conduct any Consulting work in the U.S.A? If yes, please provide the following:

- what type of work is conducted
- where
- average length of project

Subcontracted Operations

Do you employ any subcontractors or independent contractors for any operation?

Yes No

If yes, please state operations and estimate annual cost

Also,

- Are certificates of insurance received from subcontractors? Yes No
- Is there a minimum limit of \$1MM required? Yes No
- Are you added as Additional Insured to subcontractors' policy? Yes No

Are all your employees covered by Provincial Workers Compensation? If no, please specify reason.

Are you or your firm currently licensed as a Geoscientist in Canada? Yes No

Crime: complete only if this insurance is required

Limit Requested

- \$ 25,000
- \$ 50,000
- \$ 100,000

No. of Class 1 Employees (Class 1 employees include management positions and other employees who have access to money, securities, and/or other property (i.e. book-keepers))

Do employees who reconcile the monthly bank statements also either:

- sign cheques Yes No
- handle deposits Yes No
- have access to signing machines, signature plates or corporate seal Yes No

Property (Excluding Field Equipment):

Property Limit of Insurance Requested:

- \$ 50,000 \$ 200,000
- \$ 100,000 \$ 300,000
- \$ 150,000 \$ 500,000

Provide breakdown of Property Limit Requested:

- Building (**Must refer to Partners Indemnity to quote**)
- Personal Property (office furniture & Equipment)
- EDP (Office Computer Equipment)
- Portable computers*

*Portable computers used outside Canada or USA should be insured as field equipment

Replacement Value

\$	
\$	
\$	
\$	

Total \$

If building coverage required, please provide the following:

- Year constructed (If greater than 30 years, please provide the year building last updated)
- Type of construction: Wood Frame Steel on Steel Solid Masonry
- Fire Protection: Hydrant Fire Station within 8 km. Unprotected
- Security System: Fire Burglary Local Central Alarm Protection
- Surrounding exposures (i.e. neighbouring properties)?
- Location address (if different from Address listed)

Field Equipment (including Transit and Storage)

Limit Requested

\$ 10,000	<input type="checkbox"/>
\$ 25,000	<input type="checkbox"/>
\$ 50,000	<input type="checkbox"/>
\$ 100,000	<input type="checkbox"/>
\$ 500,000	<input type="checkbox"/>
\$1,000,000	<input type="checkbox"/>

If field equipment is to be insured please provide the following: Note this coverage is for land and/or air survey equipment. If there is marine (topside or subsea) survey equipment please contact Partners Indemnity directly.

For Field equipment please attach a separate list of equipment to be insured. This list should include type and value. Portable computers used outside of Canada or USA should be insured as Field equipment.

If any of your equipment is leased out to others please provide details.

Please provide details of risk management practices for safety controls.

DECLARATION AND SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements and information in this application statement are true. The Company is hereby authorized to make any investigation and inquiry in connection with the application statement that it deems necessary

Dated:

Signed: (*First Named Insured*)

Title:

False Information:

Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime

Cost for Commercial General Liability Insurance

Claim Limits, Base Premium and cost for each insured Professional and Technician Employed		Annual Premium includes:				
		8% Tax ON & MB	9% Tax PQ	15% Tax NL	6% Tax SK	All other Provinces
\$1,000,000 each occurrence limit						
	Base Premium	\$486.00	\$490.50	\$517.50	\$477.00	\$450.00
For Each	Professional Personnel	\$216.00	\$218.00	\$230.00	\$212.00	\$200.00
For Each	Technical Personnel	\$135.00	\$136.25	\$143.75	\$132.50	\$125.00
\$2,000,000 each occurrence limit						
	Base Premium	\$702.00	\$708.50	\$747.50	\$689.00	\$650.00
For Each	Professional Personnel	\$351.00	\$354.25	\$373.75	\$344.50	\$325.00
For Each	Technical Personnel	\$162.00	\$163.50	\$172.50	\$159.00	\$150.00
\$5,000,000 each occurrence limit						
	Base Premium	\$918.00	\$926.50	\$977.50	\$901.00	\$850.00
For Each	Professional Personnel	\$432.00	\$436.00	\$460.00	\$424.00	\$400.00
For Each	Technical Personnel	\$270.00	\$272.50	\$287.50	\$265.00	\$250.00

Cost for Crime Insurance

Limits	8% Tax ON & MB	9% Tax PQ	15% Tax NL	6% Tax SK	All other Provinces
\$25,000	\$216.00	\$218.00	\$230.00	\$212.00	\$200.00
\$50,000	\$324.00	\$327.00	\$345.00	\$318.00	\$300.00
\$100,000	\$540.00	\$545.00	\$575.00	\$530.00	\$500.00

Cost for Property Insurance excluding field equipment

Limits	8% Tax ON & MB	9% Tax PQ	15% Tax NL	6% Tax SK	All other Provinces
\$50,000	\$162.00	\$163.50	\$172.50	\$159.00	\$150.00
\$100,000	\$324.00	\$327.00	\$345.00	\$318.00	\$300.00
\$150,000	\$486.00	\$490.50	\$517.50	\$477.00	\$450.00
\$200,000	\$648.00	\$654.00	\$690.00	\$636.00	\$600.00
\$300,000	\$972.00	\$981.00	\$1035.00	\$954.00	\$900.00
\$500,000	\$1,620.00	\$1,635.00	\$1725.00	\$1,590.00	\$1,500.00

Cost for Field Equipment including Transit and Storage

Limits	8% Tax ON & MB	9% Tax PQ	15% Tax NL	6% Tax SK	All other Provinces
\$10,000	\$64.80	\$65.40	\$69.00	\$63.60	\$ 60.00
\$25,000	\$162.00	\$163.50	\$172.50	\$159.00	\$150.00
\$50,000	\$324.00	\$327.00	\$345.00	\$318.00	\$300.00
\$100,000	\$648.00	\$654.00	\$690.00	\$636.00	\$600.00
\$500,000	\$3,240.00	\$3,270.00	\$3450.00	\$3,180.00	\$3,000.00
\$1,000,000	\$6,480.00	\$6,540.00	\$6900.00	\$6,360.00	\$6,000.00

Refer: Any individual piece of Equipment with a value of \$50,000.00 or more to Partners for rating

Premium Calculation

Coverage for Commercial General Liability

Base Premium

PLUS

	Cost per person		Number	=	Total
Professional Personnel	<input type="text"/>	X	<input type="text"/>		<input type="text"/>
Technical Personnel	<input type="text"/>	X	<input type="text"/>		<input type="text"/>
			Subtotal		<input type="text"/>

Crime Coverage

Property Coverage

Field Equipment Coverage

Total

Once completed please submit this application with your cheque or credit card payment.

Partners Indemnity Insurance Brokers Ltd.

10 Adelaide Street East, Suite 400
Toronto, Ontario M5C 1J3



Print Form

If you have questions

Telephone 416-366-5243 or Toll Free 1-877-427-8683
FAX: 1-416-862-2416 or e-mail pdac@partnersindemnity.com